



MAIL STOP
AMENDMENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Larry Kincade et al. Attorney Docket No.: LAMA122653
Application No.: 10/811,778 Art Unit: 3732 / Confirmation No: 9510
Filed: March 29, 2004 Examiner: J. Werner
Title: METHOD OF INDUCING BLEEDING AFTER DENTAL SURGERY

AMENDMENT TRANSMITTAL LETTER

Seattle, Washington 98101

July 28, 2006

TO THE COMMISSIONER FOR PATENTS:

A. Amendment Transmittal

Transmitted herewith is an amendment in the above-identified application.

X 1. No additional claim fee is required, as shown below.

COMPUTATION OF FEE FOR CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Additional Fee
Total Claims	1	-	20	=	0	x	25	=	0
Independent Claims	1	-	3	=	0	x	100	=	0
TOTAL									\$0

B. Additional Fee Charges or Credit for Overpayment


The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.18 which may be required during the entire pendency of the application, or credit any overpayment, to Deposit Account No. 03-1740.

LAW OFFICES OF
CHRISTENSEN O'CONNOR JOHNSON KINDNESS^{FLAC}
1420 Fifth Avenue
Suite 2800
Seattle, Washington 98101
206.682.8100

This authorization also hereby includes a request for any extensions of time of the appropriate length required upon the filing of any reply during the entire prosecution of this application.

Respectfully submitted,

CHRISTENSEN O'CONNOR
JOHNSON KINDNESS^{PLLC}

 for
Reg No. 44,328

Kevan L. Morgan

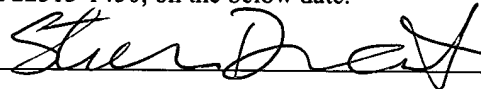
Registration No. 42,015

Direct Dial No. 206.695.1712

I hereby certify that this correspondence is being deposited with the U.S. Postal Service in a sealed envelope as first-class mail with postage thereon fully prepaid and addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below date.

Date:

7.28.2006



KLM:sdd

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July 28, 2006

TO THE COMMISSIONER FOR PATENTS:

INTRODUCTORY COMMENTS

This amendment is responsive to the April 28, 2006, Office Action. Please amend the application as follows.

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